



City of Columbus
/PP20 Job Status & Paycost Assignment

Employee Name: Last, First, Middle Initial

Social Security Number:

Action Code

Effective Date:

Job Class Title:

Position/Classification Information

Department:

Division:

Position Number:

Job Class Code:

Bargaining Unit:

Pay Range:

Step:

Increment:

Hourly Pay Rate:

/PP21 Additional Paycost Assignment Information

Action Code: CCA

Effective Date:

Index/OCA 2:

Index/OCA 2 %:

Index/OCA 3:

Index/OCA 3 %:

Index/OCA 4:

Index/OCA 4 %:

Assignment Code:

Scheduled Days Off:

Work Location:

Pay Location:

Shift:

Basic Work Week

Appointment Information

Appointment Type:

CSC Code:

Employment Type:

Certification Number:

Paycost & Assignment Information

System Status:

Payroll Number:

Base Index:

CSC Verified:

☐

/PP23 Primary Probation

Effective Date:

Action Code: LTD

Ends On or Before:

CSC Verified:

☐

Comments:

Signatures

☐ Entered

I hereby certify that the facts stated above are correct.

Employee Signature: _____ Date: _____

Division Head Signature: _____ Date: _____

Appointing Authority Signature: _____ Date: _____

Civil Service Commission

☐ Approved ☐ Disapproved _____ By: _____ Date: _____